



DOCTOR'S ESTIMATE OF PHYSICAL CAPACITIES

Name of Claimant

Claim Number

Important: Please complete the following items based on your clinical evaluation of the claimant and other testing results. Any item that you do not believe you can answer should be marked N/A. Percentages refer to a workday.

I. In an 8 hour workday, worker can: (Circle full capacity for each activity)

| Total at one time (hours) | | | | | | | | | | | Total during entire 8 hour day (hours) | | | | | | | | | | |
|---------------------------|---|-----|---|---|---|---|---|---|---|---|--|---|-----|---|---|---|---|---|---|---|---|
| A) Sit | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | A) Sit | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| B) Stand | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | B) Stand | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| C) Walk | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | C) Walk | 0 | 1/2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

II. Worker can lift: (Address any restrictions in lifting from the floor or to overhead in "Remarks" section)

| III. Worker can carry: | Never | | Seldom (0 - 1%) | | Occasionally (2 - 33%) | | Frequently (34 - 66%) | | Continuously (67 - 100%) | |
|------------------------|-------|-------|--------------------|-------|---------------------------|-------|--------------------------|-------|-----------------------------|-------|
| | Lift | Carry | Lift | Carry | Lift | Carry | Lift | Carry | Lift | Carry |
| A) Up to 5 lbs | | | | | | | | | | |
| B) 6 - 10 lbs | | | | | | | | | | |
| C) 11 - 20 lbs | | | | | | | | | | |
| D) 21 - 25 lbs | | | | | | | | | | |
| E) 26 - 50 lbs | | | | | | | | | | |
| F) 51 - 100 lbs | | | | | | | | | | |

IV. Worker can use hands for repetitive tasks such as:

| | Simple grasping | | | | Pushing & pulling | | | | Fine manipulating | | | |
|----------|-----------------|-----|----|--|-------------------|-----|----|--|-------------------|-----|----|--|
| | Right | Yes | No | | Right | Yes | No | | Right | Yes | No | |
| A) Right | | | | | | | | | | | | |
| B) Left | | | | | | | | | | | | |

V. Worker can use feet for repetitive movements as in operating foot controls:

Right ☐ Yes ☐ No Left ☐ Yes ☐ No

| VI. Worker is able to: | Not at all | Seldom (0 - 1%) | Occasionally (2 - 33%) | Frequently (34 - 66%) | Continuously (67 - 100%) |
|-------------------------------|------------|--------------------|---------------------------|--------------------------|-----------------------------|
| | | | | | |
| A) Bend | | | | | |
| B) Squat | | | | | |
| C) Kneel | | | | | |
| D) Crawl | | | | | |
| E) Climb | | | | | |
| F) Reach above shoulder level | | | | | |

VII. Restriction on activities involving:

| | Yes | No | If "Yes," explain: |
|---|-----|----|--------------------|
| A) Unprotected heights | | | |
| B) Being around moving machinery | | | |
| C) Exposure to marked changes in temp & humidity | | | |
| D) Driving automotive equipment | | | |
| E) Exposure to dust, fumes and gasses (Restrictions): | | | |

Remarks (on above, on other functional limitations):

If a performance-based physical capabilities evaluation is requested, may the worker be tested to tolerance? If not, what are the restrictions?

☐ Yes ☐ No